

Oskar Diethelm Memorial Service

On October 27, 1993, colleagues, relatives, and friends of Dr. Oskar Diethelm filled the Payne Whitney Psychiatric Clinic auditorium to celebrate his life, in a program sponsored by the Department of Psychiatry and organized by Dr. William Frosch, Vice Chairman, with the help of the History Section. Before introducing eight distinguished professors in the order that they came to know Dr. Diethelm, Dr. Frosch prefaced the program with some apt associations of his own. A powerful image that had possessed his imagination in visualizing the meaning of Dr. Diethelm and his role at the Payne Whitney Clinic was that of the last scene of Wagner's opera *Götterdämmerung*: "The Gods were dying, the giants were dead, and the walls were crumbling."

On the lighter side, Dr. Frosch recalled a telephone conversation between his wife Paula and Dr. Diethelm some years previously: "Paula and Oskar had a very special relationship focussed around books, and he called one evening to consult her about the care or repair of some ancient volume, and they were talking for about five or seven minutes when suddenly Oskar interrupted and said, 'I must apologize. I'm not wearing a tie.' Paula, in typical fashion, said, 'Oskar, that's all right, I'm not wearing any shoes.' It really typifies his courtly, gracious, gentle manner, and we will all miss him."

The first speaker was Dr. Arnold Gillespie Diethelm, Oskar Diethelm's son, who is Fay Fletcher Kerner Professor of Surgery and Chairman of the Department of Surgery at the University of Alabama School of Medicine. Dr. Diethelm presented a brief review of his father's life illustrated with many interesting slides. Particularly evocative were the scenes from Switzerland, of the town of Lachen on Lake Zurich where Dr. Diethelm was born, and of the nearby Valley of the Wägital from which his ancestors came. A glimpse was afforded of scenes relating to Oskar Diethelm's arrival in the United States, his work at the Johns Hopkins Medical School, special family occasions, the years in New York, and the final return to Switzerland at the end of his life. At the end of the service Dr. Diethelm told of an experience that illustrated his father's astuteness and his intimate knowledge of the natural history of psychiatric disorders, when his father helped him by long distance telephone to deal successfully with a serious and puzzling psychiatric complication occurring in a young girl in the weeks following renal transplant surgery. This talk brought out the impressive continuity of the Diethelm family tradition of medical practice and community service through six consecutive generations.

Dr. Helen Daniells, Clinical Professor Emeritus of Psychiatry, a psychoanalyst and a popular teacher in the Department of Psychiatry for almost fifty years, who met Dr. Diethelm as a first year medical student at Cornell in 1937, described his teaching methods and program of that period:

"I want to talk today about the early years of Dr. Diethelm's career, when he came to Payne Whitney from Hopkins and his work with Adolf Meyer. When I came to Cornell as a first year medical student in 1937, he was already very well established as Professor although he was less than forty years old. He taught psychiatry all four years to medical students, beginning with normal personality, psychopathology, psychotic illnesses, and neuroses. At Payne Whitney he ran a very strict service.

"The residency was normally three years, with one resident becoming assistant chief and finally chief resident, a tenure of five years. We had twelve residents in a pyramid fashion, and the responsibilities for each year were increasingly complex, with the difficult patients assigned to more experienced residents. The chief resident interviewed the patients applying for admission and their relatives, screened and admitted the patient to the suitable floor, more or less restrictive with intensive nursing care, and transferred the patient to more open floors as he or she improved. He was expected to make daily rounds and to handle all immediate problems with the nurses and residents. There was little interference. We were simply not expected to make mistakes.

"While he did accept one or two women residents into the program they seldom stayed the full three years, and I was the only woman chief resident, not because of any outstanding talent or any particular accomplishment, but because there was a war going on, and most of the young people were being drafted after one or two years. In spite of this, once I was appointed he treated me as a respected younger colleague, and I never felt any restraint. And in looking back myself, I think I was a pretty good chief resident.

"Dr. Diethelm himself made rounds with each resident for half a day each week, reviewing the patient's progress, visiting the nursing station, and interviewing each patient for ten or fifteen minutes. He was a master interviewer. He would begin with some question to the patient, drawing them out, and always ending on a constructive note. If the resident said something significant, he would write a few words on the four-by-six card he kept for each patient, and at the end of the patient's stay he would put a small plus or minus, which we always considered meant whether we had succeeded or failed, but was actually his assessment of whether or not the patient could be readmitted if there was a recurrence of the illness.

"It was a basic tenet of his philosophy that each patient, according to the severity of his illness, could come to understand his

pathology and cooperate with psychotherapy, taking responsibility as best he could. There were no anti-depressants or anti-psychotics at that time, although by the end of my residency we did have electric shock treatment, and sub-coma insulin was used. But we're talking about a very different era in psychiatry, where the main approaches were conservative--environmental control, activities, and psychotherapy. We could use cold wet packs or prolonged baths for excitement. Patients could not be locked in their rooms, and we were not able to use strait jackets, which were utilized in many other hospitals. We admitted mainly patients in the first illness, who had shown some accomplishment in life: professional people, young successful students, women who had productive lives, where it was considered that the prognosis was good.

"Dr. Diethelm was interested in maintaining a teaching hospital, where it was possible to affect a stabilizing environment and control precipitating or aggravating factors in the outside world, and where patients could stay long enough to respond to routine and psychotherapy. But the cost at that time was only a hundred dollars a week for a private room, and thirty dollars or even less for a dormitory bed, so that patients could stay six months or even a year. The average stay was perhaps three months. Residents saw patients two or three times a week for forty-five or fifty minutes unless the patient was very disturbed, and a thorough history and understanding of psychopathology was expected. We worked with the patient to help him gain insight, and to restore his equilibrium and social functioning. There was gradually increased freedom as the patient improved, from locked to unlocked floors and visits out.

"Dr. Diethelm followed Meyerian theory and principles of treatment. He never accepted psychoanalysis or the concept of the unconscious. Our focus was on day-to-day behavior and understanding of faulty life patterns, on the conflicts, and on possibilities of corrective behavior. In spite of his interest and respect for research, we were not encouraged to undertake this on our own or read about other approaches. Although later in his career he was more relaxed and allowed residents more freedom, in my day it was a very controlled training.

"In spite of his formality, he could be very warm and responsive in personal crises and capable of considerable flexibility when he felt the situation required it. Although the range of his teaching was restrictive, we learned in depth about psychopathology and what we would now call ego psychology, which was very helpful in allowing patients to re-integrate and establish control over their lives. Even after psychoanalytic training, which I was allowed to begin when I was chief resident because I was a wartime resident and there were particular stresses on me, this has continued to be a governing principle in my own thinking and therapy. His close

attention to our growth and his great personal dedication made him a great teacher. I am happy to have the opportunity to honor him today."

Dr. Walter Riker, Revlon Pharmaceutical Professor Emeritus and former Chairman of Pharmacology and Toxicology at NYH-CUMC, met Dr. Diethelm in 1938 when he was a first year Cornell medical student as well and, looking him up from time to time to discuss matters of interest to him, over time developed a strong friendship with him. At luncheon meetings, where topics from history and the humanities were discussed, Dr. Riker learned "that Oskar was a professor and scholar in the broadest sense of these academic distinctions. He may have been thought shy by some..., but this wasn't really so. He simply assumed no facade; he had no tolerance for bombast or sham or affectation...."

Dr. Riker quoted his own remarks, still true, made when he had inducted Dr. Diethelm as an Honorary Fellow of the Cornell Medical College Alumni Association in 1983: "Oskar Diethelm's distinguished scholarly career has brought honor to our Center. His abiding researches into the history of medicine, psychiatry, and humankind's cultural development serve to identify origins and evolutions of major twentieth century concepts of psychiatry. His dedicated efforts took him to the great libraries and rare book dealers of the world. He moved readily to and from the Graeco-Roman, Renaissance, and Middle Ages to the Space Age. As he said--and this was a direct quote from him: 'It is necessary to learn how cultural settings influence the concepts of the time and the place in order to understand the development of ideas and to see how they are utilized.' On Dr. Diethelm's retirement in 1962 his library of rare historical books had grown to some twenty thousand, and was most fittingly named The Oskar Diethelm Historical Library." By those who knew him "as teacher, colleague, or friend, he was revered for his wisdom, scholarship, integrity, and as the extraordinary person that he was." Dr. Riker asserted, "I am happy that my dear friend and teacher had the full and outstanding life that was his."

Dr. William Lhamon, Professor Emeritus of Psychiatry at NYH-CUMC, who followed Dr. Diethelm as Chairman of the Department of Psychiatry, had been a psychiatric resident under him in the 1940's. Dr. Lhamon confessed that he was "always a little fearful of him..." even though "he was kindly and always answered questions..." Among other tributes, Dr. Lhamon cited Dr. Diethelm's great interest in books and his skill at acquiring good books for the growing library. He recalled his professor's somewhat formal teaching procedures and his zealous precautions, in conducting case conferences, to protect the patient's confidentiality. What was most

admired about Dr. Diethelm, however, was "his dedication to teaching. He never missed a teaching session, and he didn't attend other activities that seemed quite as important to me. But he just didn't. If he was going to teach, he taught. And all of us who were taught by him got something from it. I'm not sure how this happens, but he was one of the rare people that you don't forget as a teacher." Dr. Lhamon felt that, among all the people he had known or studied under, Dr. Diethelm's influence had made the most lasting impression on him.

Dr. Jolyon West, Professor and former Chairman of Psychiatry and the Behavioral Sciences at UCLA School of Medicine, had come to Cornell as a resident in 1949: "I was told later that I was the first resident that had ever been chosen without a personal interview on site here, and at least for a year or two after that I was assured that the Professor determined it should never happen again." Fresh from Minnesota, Dr. West told the story of how he had to learn the ground rules the hard way. Dr. Diethelm was away when he arrived, and Dr. West went ahead and administered the MMPI to all his patients in order to try to characterize changing psychopathology with it. What he didn't understand "was that these were not my patients. They were his patients. Every patient in the Payne Whitney was the Professor's patient. And you didn't give some unknown psychological test to the Professor's patients without his permission..." However, later Dr. Diethelm encouraged Dr. West to publish his study.

The Professor's residents "held him in awe. He was seen as an austere, remote, and rather forbidding figure, as Bill Lhamon has said, but part of this was just being Swiss. We didn't know that, and some of the things that he did which we considered had great and profound significance were in retrospect really rather simple ways of helping us to learn what we came here to learn. It was not only that he made rounds with every resident every week, and saw every patient in the place himself. It was that he was here to do it. Other department chairmen, myself included, went to meetings, and we went to give papers here and there, and to spread the good news about what wonderful departments we headed and all the rest of this. Oskar Diethelm, when he came back from his summer vacation, was right here all the time, making his rounds, seeing his patients, seeing his residents. His whole life was tied up in this.

"He may not have been a friend of psychoanalysis, but he was a good student of Adolf Meyer. People have forgotten that Adolf Meyer was one of the founders of the American Psychoanalytic Association. Dr. Diethelm, we thought, must be an enemy of psychoanalysis, but he wasn't any such thing. And many of the things that he taught were psychodynamically quite sophisticated, things that

the folks at that hotbed of psychoanalysis at Columbia never would have imagined were going on at the Payne Whitney, which was considered quite a reactionary Meyerian kind of a place.

"One of the things that he did was to do a bit of a personal analysis on each and every one of the first year residents. We had to write an autobiography, and he went over it with us, and he remembered what was in it. And if we got into certain kinds of problems with patients he would call it to our attention. If we were not getting somewhere fast enough for him, he would ask if this patient reminded us of someone, and he'd know who it was.

One of the many interesting anecdotes that Dr. West told illustrated "not only something about my relationship with the Professor, but something very important about him and what he taught me and all of us. I guess I was in my second year by then and in charge of the disturbed women's section...quite the toughest of the in-patient units, and, of course, I wanted to make it into a better place for my having been there than it was before." Dr. West was a "phonograph buff" and wanted to introduce the new, safe unbreakable LP records and a high fidelity phonograph to the unit: "I went to the Professor and said I think it would help these women, who were so disturbed and so forth - to have music and that I would like to install a system to play music on seven north. And I gave quotations about music therapy and studies that showed how it had benefitted. We discussed his teaching that colors made a difference, and I said surely if colors make a difference then music could make a difference. This discussion went on for several weeks before he finally gave permission and authorized the expenditure of one hundred dollars to install this system. And I was responsible for the whole thing. I couldn't quite bring it in for a hundred dollars, but I didn't dare spend more than that of the Payne Whitney's money so I went 12.50 over, but I paid for that out of my own pocket. That was in 1951 and at compound interest I think that you now owe me a lot of money. Well, I was very eager to display this accomplishment, and the Professor seemed to be determined not to see it...And when he came up to make rounds, somehow he managed to use up the whole time seeing the patients, then he had to leave and didn't have time to go down to the day room to see the hi-fi. So the next week I tried very hard, and I got him half way down the hall after he'd seen the last patient. And suddenly he stopped, and he turned and he says, 'What's that?' (I'd try to imitate his Swiss accent, but I'm sure I can't succeed.) I said, 'That's a table, Dr. Diethelm.' He said, 'What's on it?' I said, 'Magazines.' He said, 'What are those magazines?' I thought, he's stalling. He doesn't want to see the hi-fi system. He said, 'May I see those magazines?' So I showed him, he says, 'This is Life magazine, Newsweek magazine.' He handed it to me, he said, 'What's the date on this?' I looked at it and I said, 'Well, it's three

or four weeks ago now.' He said, 'Why do you have Newsweek four weeks old?' I tried to think of what to reply. The nurse, the head nurse who sort of looked after us residents, seeing that I was at a loss, said, 'Dr. Diethelm, the patients don't really read those magazines. They just tear them up.' He didn't even look at the nurse. He just looked at me and he said, 'Who wants to read Newsweek from four weeks ago?' He said, 'If you had this week's Newsweek, maybe the patients would want to read it, and they wouldn't tear them up.' He was very serious.

"I got the message, and the next week when he came up it was this week's Life magazine and this week's Newsweek, and the patients did look at them, and they didn't tear them up. But the Professor didn't even glance at that table. He knew I would've gotten the message, that I would've taken corrective action. Instead the first thing he did was stroll down and say, 'I want to see your new hi-fi system,' and he spent the whole time telling me what a fine idea it was to have music for the patients.

The music didn't make that much difference, but my lesson about the dignity of the patient, no matter how sick, and the importance of respecting that dignity, no matter how smart we thought we were, would be the most important thing to learn. I did learn that from him, we all learned that from him."

Dr. West ended thus: "I would like to think that I speak here not just for myself but for all the others on the house staff when I was here, especially those who have, like the Professor, gone beyond this mortal sphere: Bill Harvey, Al Sherwin, Don Greaves, Ed Everts, John Gussen, and, of course, Ted Carlson. I like to think that - you know, the Payne Whitney's going to be torn down, it'll be gone - maybe in some better place there's a model of the Payne Whitney the way it was in those marvelous days. And all these guys, Ted Carlson and the rest, are up there in that great Payne Whitney in the sky making rounds with the Professor, and the paint is always white and the plaster never cracks."

Dr. Norman Dain, Professor of History at Rutgers University, met Dr. Diethelm at the time that the History Section was founded. "In 1958 Dr. Oskar Diethelm, as chief of the Department of Psychiatry at New York Hospital-Cornell Medical Center, approved not only my appointment as research assistant to Dr. Eric T. (Ted) Carlson but the establishment of what came to be called the Section on the History of Psychiatry. Shortly thereafter, in the early 1960's, Dr. Carlson gathered together a small group of five and sometimes six of us interested in the history of psychiatry, to meet every other week to discuss our work in progress. It was at these meetings, which for many years Dr. Diethelm attended fairly regularly, that I came to know him. His interest in history was already of long standing, for it

was he who explored the monasteries of central Europe in search of historical material to develop collections that grew into the best library in the western world on the history of psychiatry, and which appropriately now bears his name. Dr. Diethelm enthusiastically supported Dr. Carlson's successful efforts to expand the collection and extend the scope of the Section. These two thoughtful wise men, different in personality, but sharing a commitment to the scholarship of their field, and having a fine understanding and appreciation of each other, had an especially close relationship.

"It soon became apparent that Dr. Diethelm, premier psychiatric practitioner and administrator, had a sophisticated knowledge of the intellectual history of France, Germany, and Austria, as well as the history of psychiatry in Europe generally. When relevant he would give us brief but trenchant summaries of central European psychiatric classics from late medieval to modern times. Dr. Carlson always called on Dr. Diethelm to comment first on the papers read at our meetings, and when he consented to do so he always had something to say worth hearing. In the early years I, a graduate student in History at Columbia University, and unfamiliar with the workings of Payne Whitney, did not realize how unusual it was for a man so busy as Dr. Diethelm to be so well informed on many of the sometimes esoteric subjects we historians discussed. What was more, he himself did valuable historical research, which was eventually published as a book on medieval German doctoral dissertations dealing with topics related to mental illness, and its diagnosis, prevention, and treatment. Dr. Diethelm was also much interested in current developments relevant to the history of psychiatry, but he was always circumspect in his comments on contemporary writers and their theories. He did have his limits, though. Once, I remember, Dr. Diethelm told me how impressed he was with the favorable comments he had read about Foucault's book *Madness and Civilization*. When I told him that Foucault had described the medieval ship of fools not as a literary allusion but as an actual therapeutic procedure in the treatment of madness, he read the relevant passages, closed the book, and declared he would have nothing more to do with such foolishness.

"Dr. Diethelm was part of our group, not the leader. He left that to Ted Carlson's capable hands. He never pulled rank, never sought to dominate or control discussion; nor did he speak when he had nothing to say. When he did speak, the keenness of his mind and his critical faculty were most impressive. But he was always judicious and kind in his criticisms, careful not to hurt feelings. He helped to create a friendly, mutually respectful atmosphere and freely entered into the spirit of the group, joking along with the rest of us. He obviously enjoyed the give and take of our discussions, and he did what he could to help our work. In my case, which I presume was

not unique, he assisted me in gaining access to hospital records necessary to my research in the history of psychiatry, and he read my work. After his retirement Dr. Diethelm continued his historical research, and on occasion would come to Section meetings, which, as the Section and its reputation grew, were now much more heavily attended, with many speakers from other institutions and other countries. He took a quiet pride in the achievements of the members of the Section and relished the wide-ranging discussions. Dr. Diethelm's support was crucial not only to the creation of the Section and the library but to their continued functioning. Without his sponsorship and participation, this unique research center, in the midst of a clinical institution, could not have flourished the way it did. He helped very substantially to create at Payne Whitney a tradition of scholarly, intellectual interest in the history of psychiatry in all its aspects, a tradition that his successors have perpetuated."

Dr. Jacques Quen, Clinical Professor of Psychiatry at CUMC, "met Oskar Diethelm in 1961, when I applied for an affiliation to the Payne Whitney Clinic. I had heard of this fearsome Swiss psychiatrist, who was supposed to run his department like a martinet, to be fiercely anti-psychoanalytic, humorless, and authoritarian. The interview, which I approached with understandable anxiety, was remarkable for the skill, grace, and courtesy with which he conducted it. Soon after, Ted Carlson introduced me to the History Section and its Research Seminar. The concept of a psychiatric department section on the history of psychiatry was uniquely Oskar Diethelm's. To my knowledge there is no such other, in the United States or elsewhere. He firmly believed that one could not teach or practice psychiatry well without an appreciation for the history and the development of the theories and techniques one was using, as well as for the theories and techniques of our professional forebears. Dr. Diethelm was a regular attender at those seminars as Chairman of the Department and as Professor Emeritus. When he was with us in the small group, he would display a wit and humor that, for some reason, I never saw in public. Dinner at the Diethelms was always a gracious and relaxed experience, with Oskar and Monique insuring that everyone was included in the conversation and was having a comfortable and a good time.

"Oskar had many publications, but two of them have a special significance for me. In 1936 he published his textbook on *Treatment in Psychiatry*. In the preface he commented, 'With the development of dynamic psychiatry the physician found it necessary to concern himself not only with the disease pattern of a case, but also with the personality in which it appeared. Although a beginning has been made, much remains to be done to bring about a satisfactory union of both methods of approach. Both the teacher and the practicing

physician have a tendency to stress one or the other mode of procedure.' I believe it was this call for a combined approach and his preference for Meyerian psychobiology that led enthusiastic adherents of psychoanalysis to consider him to be anti-psychoanalytic. He once said to me that it was not, in his view, that he was anti-psychoanalytic, but that he was troubled by the fact that so many of the residents were willing to accept maxims and rules of thumb from psychoanalysis without really understanding their derivation and the evidence for it. He went on to say in the introduction to his textbook that he tried 'to do justice to the principle that we need to treat the patient who suffers from a disease and not to treat the disease entity.' These characterized his teaching and clinical philosophies. Reading that textbook is an experience in meeting someone with an inherent, pervasive respect and sympathy for the patients that he wrote about.

"Thirty-two years later, in 1968, he wrote the introduction to a New York Academy of Medicine reprint of Emil Kraepelin's *Lectures on Clinical Psychiatry*. At that time American psychoanalysis was at its zenith or, perhaps, had just passed it. He said in the introduction: 'The development of dynamic psychopathology followed Kraepelin's outstanding contributions and was not sufficiently appreciated by him. The present student of psychiatry should keep in mind that careful observation and dynamic investigation are supplementary and that the two methods become contradictions only if one or the other is neglected or suppressed.' These comments are as relevant to the radically different circumstances in which psychiatry finds itself today as they were when they were made more than a half century ago and a quarter century ago. Oskar Diethelm was among the wisest and the most considerate of the people I've had the pleasure of knowing."

The final speaker was **Dr. Robert Michels**, Stephen and Suzanne Weiss Dean of Cornell Medical College and former Barklie McKee Henry Professor of Psychiatry. "I was nominated for the chair in Psychiatry, Oskar's chair, twenty years ago this month. I'd heard of him and read his writing, but had never met him. A few months later Bill Lhamon, then the chairman of the Department, invited me for dinner in his home, the large mansion at the Westchester Division. Oskar was also to be a guest. We met there for the first time. Oskar took a fancy to my wife. She came from Swiss parentage, and spoke, with a poor vocabulary but perfect accent, Schwyzerdütsch, and he was charmed by that. He also was fascinated by me, not because of me, but because I would, as I came to learn, be occupying his chair. It was always his chair. I entered it and it was his chair; seventeen years later I left it and it was once again his chair. While we were at Bill's house, we were called in for dinner. Oskar and I arrived at a narrow doorway simultaneously. He

was at that point in his late seventies. I stepped back to let him pass. And he said, educating me in my new role, 'Oh, no, you go first. You are the chairman.' It was, of course, his chair and important to him that I went first.

"A few months later when I came to the office in Payne Whitney and Bill was showing me it, I saw Oskar's desk. It was to be my desk. It had been Bill's. I opened the drawers and discovered that in the bottom drawer there were compartments, vertical partitions that split the drawer into smaller portions. 'What is that for?' I said. Bill told me, 'Those are for Oskar's cards.' I looked and found some of the cards in the drawer. Bill hadn't used the drawer. Nor did I, for some years. The partitions remained. Oskar might want to come back, and those were his cards.

"Only a few months later, Hugh Lucky, then the President of the medical center, called me one morning. I responded to the call. Hugh was surprised and said, 'Oh, you take calls in the morning.' 'I didn't know I wasn't supposed to take calls in the morning,' I said. He said, 'Oskar never took calls in the morning. Oskar made rounds in the morning, and he didn't talk to administrative people about administrative things until he was through with his rounds.' Later I learned that Oskar left every summer for Europe, and some decades ago when the medical center instituted a policy of one month vacations, no one ever had the nerve to tell Oskar about that. He went to Europe every summer.

"A few years after that, we decided to create a video history of the department and I had the privilege of interviewing Oskar, on a videotape that still exists in our collection. He talked about his selection for the chair here, the recruitment process, and also the fact that his mentor Adolf Meyer had advised him not to take it. He explained why. The Payne Whitney Clinic was built on the model of the Phipps Clinic but was approximately twenty-five percent bigger. Phipps had eighty patients, Payne Whitney was to have slightly over a hundred. Meyer told Oskar, and Oskar agreed with him, that you should never take a job in a psychiatric hospital if you couldn't know every patient personally. Because if you didn't know the patients personally, bad things happened. I told Oskar that at the time we were talking I had more than a hundred full-time faculty members and I struggled vainly to know every one of them personally. I'd given up on knowing the two thousand five hundred patients admitted to the medical center in psychiatry each year personally. Oskar shared with me his view that Meyer was right and I was wrong, and in retrospect there was some wisdom in that.

"He talked to me from time to time about clinical things over the years. He told me once of a nurse that he had to fire at Payne Whitney because she had slapped a patient, and the one thing that could never be accepted in the staff caring for a patient is that they

lost control of their temper and responded to the patient with any kind of aggression. He told me about his horror, [upon visiting an outlying hospital], to find that patients were incontinent and smearing on the walls. And Oskar taught me a piece of psychiatry. He said, 'That never happens in non-organic patients unless there's total disruption of the organization and psychology of the staff.' If you teach your staff how to run a psychiatric hospital you can differentially diagnose organic from non-organic patients by whether or not they regress to that level. But if the staff isn't well trained you can't do that.

"He knew that I was interested in the psychiatric interview, and he taught me a gem of interviewing that's only of relevance to people who become chairmen of psychiatry departments such as this one. He said when you go by on rounds and the patient's there, and the resident has spent many hours with the patient and presents the case, the patient always has a secret that he hasn't told the resident. If you tell the patient you're the chairman, the patient will tell you the secret that he hasn't told the resident. Then, Oskar added, it's very important that you not make the resident feel humiliated that the resident did wrong by not finding that out, because the only reason the patient told you and not the resident, is because you were the chairman, and the patient knew it. I submitted this particular theory to empirical tests and I validated it. I'm not sure I ever shared it with anyone, though; I thought it was best to keep that validation to myself.

"One of the most distinguished awards in American psychiatry is the Distinguished Service Award of the Thomas W. Salmon Committee. I'm now chairman of that committee, I was not a member of it at the time that they gave the award to Oskar, which was in 1970. I have the copy of the citation from the committee's files. It's unsigned, but I strongly suspect that this citation was written by a then-member of the committee, Professor Bill Lhamon, who's in the audience here, though he probably doesn't remember whether he wrote it or not at this point. 'The Thomas W. Salmon Committee on Psychiatry and Mental Hygiene'--it's well written by someone who knows Oskar, that's what makes me think that--'is honored to present the distinguished service medal and citation to Oskar Diethelm, revered teacher, dedicated clinician, and steadfast advocate of academic psychiatry. Your thirty-five years of continuous service at the Johns Hopkins University School of Medicine and Hospital, and at the Cornell University Medical College - New York Hospital, were marked by an unalterable and intense embodiment of all that is best in the term 'Professor', a term by which you were, and always will be known to the many students and staff you trained and inspired. You early published a valuable book and papers on treatment in psychiatry, written clearly and concisely, and with constant emphasis on fundamentals. Your insistence that your students at all times observe

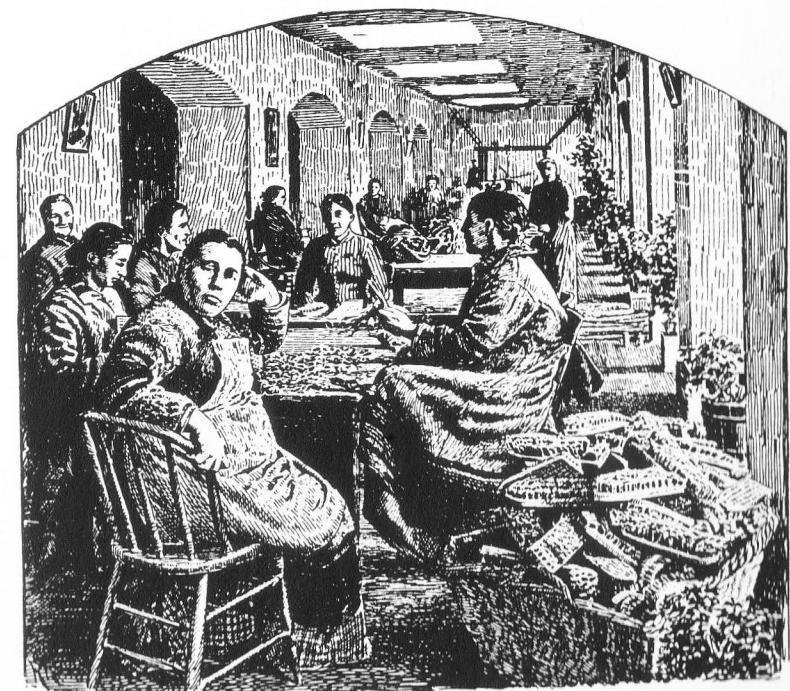
closely and take into account the detailed psychopathology of their patients provided healthy balance to youthful speculations. Your refusal to be diverted by manifold administrative pressures--that's those morning phone calls--'or indeed by any activity unrelated to the care and observation of patients and the teaching of psychiatry remains as a standard of academic excellence particularly apt today. Your encyclopedic knowledge of world literature pertaining to psychiatry and to academic affairs generally, has rarely been equalled. Your steady collection of historical materials and your formation of an unsurpassed historical library graces your city and reminds us, in a time of explosive change, that the past is of great relevance for us today.' I think that summarizes much of Oskar's contributions to the profession and to Cornell.

"I remember only one paper that I heard him give directly. It was to the History of Psychiatry Section, some years after I'd become chairman, and I visited it when he presented his study on the Pharmacopeia of the Witches' Brew, and he analyzed each of the items and elements in the witches' brew in terms of its indications, effects, side-effects, contraindications, whether it be the skin of the toad, or the liver of the frog, etc. etc. etc. It was a fascinating paper. Oskar took the ingredients of the witches' brew with the same seriousness with which a pharmacologist takes the treatments we use today and, I suspect, with the same validity for their effectiveness. He'd been there longer than most of us.

"On his ninetieth birthday I had the privilege of leading the department in singing 'Happy Birthday' to him. We invited him to Grand Rounds. Afterwards I joked with him. I told him that I was looking forward to leading the department in singing 'Happy Birthday' to him on his hundredth birthday. He told me with a smile, 'I'm not sure we'll both be here then.' I reminded him of that only a year or two later when I stepped down from the chair and had occasion to meet with him and told him that I was afraid I wouldn't be able to lead the department in singing 'Happy Birthday' to him on his hundredth birthday, but I'd try to be present in the audience.

"A new chairman sits in Oskar's chair, for only a few weeks now. In my orientation of him, I explained to him that it was Oskar's chair, that I had sat in it, that Bill Lhamon had sat in it, that Bill Frosch had sat in it, but the structure and organization of this department is Oskar's permanent legacy to this medical center. He inherited a psychiatric hospital located next to a medical school. He created out of it against considerable odds and by his personal skill in persuading and organizing and collecting the resources and the support for it, an academic department of psychiatry. And he created the structure that has persisted--I would say because of (I wish) and at times perhaps in spite of--the leaders that followed him, structured by his chair so they couldn't do that much harm. I think the job

description of the Chairman of the Department of Psychiatry at Cornell University Medical College - New York Hospital is to take good care of Oskar Diethelm's department."



INSANE PATIENTS AT WORK IN THE BRUSH SHOP, BLACKWELL'S ISLAND.